Form Prescribed By Indiana State Board of

STATE OF INDIANA

| Book 64 | Page <u>534</u> |
|---------|-----------------|
| File | |

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| Health | under | Author | ity |
|--------|---------|---------|------|
| Chap. | 126, In | d. Acts | 1905 |
| | 12 | | |

| APPLICATION FOR MARRIAGE LICENSE 126, Ind. Acts 1905 | | | | | File | |
|------------------------------------------------------|-------------------------|-------------------------------------|-------------------------------|-------------------|---------------------|--|
| 12 | | FLOYI | FLOYD County | | Date of Application | |
| Name of Physic | ation Report Dated /2-/ | Acta 1905 prescribes "False stateme | Name of Physician_ | n Report Dated /2 | 2-1-67 H. Cannon | |
| | MALE APPLICANT | | | FEMALE APPLICAN | T | |
| ne Firs | t Middle Month Day | muka _ | Name First Date of Birth Mont | Middle Day | Last Rear to | |
| 2 | 72 13 | 10115 | A) | | 19119 | |

| MALE APPLICANT | FEMALE APPLICANT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Name First Middle Last | Name First Middle Last |
| Date of Birth Month Day Year | Date of Birth Month Day Year |
| Place of Birth (State or foreign country) | Place of Birth (State or foreign country) |
| new alleany Int | nue allanu Indiana |
| Residence Address Street or R. R. Otty County State | Residence Address Street or R. R. Ofty County State |
| Previous Marital Status: Never Married Number of Previous Marriages | Maiden Name if Different |
| Last Marriage Ended By: Death □ Divorce □ Annulment □ | Durations Moultal Status, Name Manual IV, Number of Duration Manual |
| Last Marriage Ended By: Death Divorce Annulment | Previous Marital Status: Never Married Mumber of Previous Marriages |
| Color or Race White Negro Other (specify) | Last Marriage Ended By: Death Divorce Annulment |
| Usual Occupation | Color or Race White Negro Other (specify) |
| Date of birth verified by: Birth Cert. Judicial Decree | |
| Other (Specify) Stresser Site | Usual Occupation |
| 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes | Date of birth verified by: Birth Cert. Judicial Decree |
| Of Unsound Mind? No $\boxed{Y_{\epsilon s}}$ | 1. Are you now or have you been adjudged, diagnosed or considered as: |
| 8. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? | An Imbecile? No Yes |
| If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 Yes 🗆 | Of Unsound Mind? No 🖟 Yes 🗆 |
| 4. Are you afflicted with a transmissible disease? No ✓ Yes ☐ S. Are you related to the bride closer than second cousin? No ✓ Yes ☐ | 2. Are you under guardianship as a person of unsound mind? No 2 Yes [|
| 6. Are you now under the influence of intoxicating liquor? No 🗹 Yes 🗌 | 3. Are you afflicted with a transmissible disease? No 🗷 Yes 🗍 |
| 7. Are you now under the influence of a narcotic drug? | 4. Are you related to the groom closer than second cousin? No Z Yes [] |
| 8. Are you able to support a family? 9. Are you likely to so continue? Yes ✓ No ☐ | 5. Are you now under the influence of intoxicating liquor? No Yes [|
| 10. Do you have minor children from one or more former marriages? No Yes | 6. Are you now under the influence of a narcotic drug? No 2 Yes |
| (If yes, answer questions a, b, c) (a) List their full names, ages and addresses | 7. Full name of father |
| Name Age Address | Residence of father (if deceased so state) |
| | Occupation of father Race of father Race of father |
| | Birthplace of father (State or foreign country) |
| (b) Are you supporting or contributing to their support? Yes ☐ No ☐ | 8. Full maiden name of mother. Butter Change Bulkers |
| (c) Are you complying with any court order or orders issued for their support? Yes No | Residence of mother (if deceased so state) #315 Central State |
| 11. Full name of father Egyptett Beron Mich e | Occupation of mother |
| Residence of father (if deceased so state) | Birthplace of mother (State or foreign country) |
| Occupation of father | Diruppace of money (Seaso of Averga Country) |
| Birthplace of father (State or foreign country) | State of Indiana, Sa: I depose and state the information given in this application is true and correct. |
| 12. Full maiden name of mother Designi Ellen Blad | County of |
| Residence of mother (if deceased so state) | Signed Weke K. Bartley |
| Occupation of mother | /1 |
| Birthplace of mother (State or foreign country) | New Address |
| Chata of Indiana | The Clark of FLOYD County Circuit Court |
| County of Signed Same I depose and state the information given in this application is true and correct. | County Officer Court |
| | CONSENT OF PARENTS, PARENT OR GUARDIAN |
| New Address | We, the parents, of this applicant hereby give consent for this marriage. If only one parent |
| Subscribed and sworn to before me this | signs, state facts which render the consent of the other parent unnecessary |
| County Circuit Court | 1 |
| CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent | |
| signs, state facts which render the consent of the other parent unnecessary | |
| signs, state facto which renger the concent of the other parent unnecessary | |
| | State of Indiana, |
| State of Indiana, | County of |
| County of | SignedFather |
| Signed Mather handfurther | Signed |
| Signed Mrs. Glargie Ellen Medke Mother | |
| Subscribed and sworn to before me thisday of | Subscribed and sworn to before me thisday of |
| Clerk | Clerk |
| COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL | RT. A marriage license having been refused to the above named parties, the |
| | ourt by written order issuedand filed |
| in authorizes and directs the issuance | |
| | |
| Re It Remembered, there was filed in my office a marriage livense is | SE AND MARRIAGE CERTIFICATE Sued by the clerk of the |
| | |
| | and wife Part Part |
| Be it further remembered, the following marriage certificate was filed in my | office, to-wit: |
| 1, Ses Calu & Gut I | hereby certify that on the A. O. day of A. |
| one thousand nine hundred and State Deven | at flew Tellemy, country of Toyel, |
| Training Trom | of County, State of |
| and, Bride July of Berling of | County, State of plant, |
| were by me united in marriage as authorized by a marriage license issued for | that purpose by the Clerk of the Circuit Court of July |
| Dated this day of 10 | (2) AIN Dalla |
| Dated this day of , 12 | Signed Ten Adul & Tul Ch. |
| | Official Designation Tology |
| Filed and recorded in accordance with the laws of the State of Indiana this | Jan of the |
| | Signed Willan Coch Non Clork |
| 也學意思 | FLOYD County Circuit Court |